MEMORIAL HOSPITAL MEDICAL CARE FACILITY

125 EAST NORTH STREET

Developmentally Disabled

DODGEVI LLE 53533 Phone: (608) 935-2329 Ownership: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Highest Level License: Yes Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Yes Number of Beds Set Up and Staffed (12/31/00): 44 29 Total Licensed Bed Capacity (12/31/00): 44 Average Daily Census:

Number of Residents on 12/31/00: 30 Services Provided to Non-Residents Age, Sex, and Primary Diagnosis of Residents (12/31/00) | Length of Stay (12/31/00) Home Health Care No | Primary Diagnosis % | Age Groups Less Than 1 Year 36.7 Supp. Home Care-Personal Care No | ------1 - 4 Years 36. 7 Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 6.7 More Than 4 Years 26.7 Day Services No | Mental Illness (Org. /Psy) 10.0 | 65 - 74 13.3 Respite Care Yes | Mental Illness (Other) 6.7 | 75 - 84 26. 7 100.0 43.3 | ******************* Adult Day Care Yes | Alcohol & Other Drug Abuse 0.0 | 85 - 94 Adult Day Health Care Para-, Quadra-, Hemi plegi c 0.0 | 95 & 0ver 10.0 Full-Time Equivalent No | Congregate Meals Cancer 10.0 Nursing Staff per 100 Residents No | Home Delivered Meals No | Fractures 3.3 100.0 (12/31/00)93. 3 |-----Other Meals No | Cardi ovascul ar 26.7 | 65 & 0ver Transportation No | Cerebrovascul ar 13.3 | -----RNs 17.7 Referral Service No | Di abetes 6. 7 | Sex % LPNs 11.3 0.0 | ------ | Other Services Yes | Respiratory Nursing Assistants Provide Day Programming for Other Medical Conditions 23.3 | Male 53.3 Aides & Orderlies 42.8 Mentally Ill No | ---- | Femal e 46.7 Provide Day Programming for 100.0 ----

100.0

Method of Reimbursement

No

	Medi care (Title 18)				Medi cai d (Title 19)												
				(0ther		P	Pri vate Pay		1	Managed Care			Percent
		Per Diem			Per Diem			Per Diem		m	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	4	100. 0	\$141. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	4	13. 3%
Skilled Care	0	0. 0	\$0.00	18	90. 0	\$119.04	0	0. 0	\$0.00	5	83. 3	\$131.00	0	0. 0	\$0.00	23	76. 7%
Intermediate				1	5. 0	\$95. 94	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	3. 3%
Limited Care				1	5. 0	\$79.64	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	3. 3%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	1	16. 7	\$83.00	0	0. 0	\$0.00	1	3. 3%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	4	100. 0		20	100. 0		0	0. 0		6	100.0		0	0. 0		30	100. 0%

MEMORIAL HOSPITAL MEDICAL CARE FACILITY

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
		[9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	13.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.9	Bathi ng	3. 3		66. 7	30. 0	30
Other Nursing Homes	1.9	Dressi ng	3. 3		83. 3	13. 3	30
Acute Care Hospitals	83. 3	Transferri ng	33. 3		50. 0	16. 7	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 7		66. 7	16. 7	30
Rehabilitation Hospitals	0.0	Eating	46. 7		50. 0	3. 3	30
Other Locations	0.0	**************	******	*****	******	*********	*****
Total Number of Admissions	54	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	23. 3	Recei vi ng l	Respi ratory Care	23. 3
Private Home/No Home Health	29. 4	0cc/Freq. Incontinent	of Bladder	43. 3	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	41. 2	0cc/Freq. Incontinent	of Bowel	26. 7	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	3. 9	[Recei vi ng (Ostomy Care	3. 3
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Гube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.0	Recei vi ng	Mechanically Altered Diets	60. 0
Rehabilitation Hospitals	0. 0	[
Other Locations	7.8	Skin Care			Other Resider	nt Characteristics	
Deaths	17. 6	With Pressure Sores		16. 7	Have Advance	ce Directives	76. 7
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	51	I			Recei vi ng 🛚	Psychoactive Drugs	66. 7
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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

Occupancy Rate: Average Daily Census/Licensed Beds 65.9 87.5 0.75 84. 5 0.78 Current Residents from In-County 90.0 83.6 1.08 77. 5 1.16 Admissions from In-County, Still Residing 16. 7 14. 5 1.15 21.5 0.78 Admissions/Average Daily Census 186. 2 194. 5 0.96 124. 3 1.50 Discharges/Average Daily Census 175. 9 199.6 0.88 126. 1 1.40 Discharges To Private Residence/Average Daily Census 124. 1 102.6 1.21 49. 9 2.49 Residents Receiving Skilled Care 90.0 91. 2 0.99 83. 3 1.08 Residents Aged 65 and Older 93. 3 91.8 1.02 87. 7 1.06 Title 19 (Medicaid) Funded Residents 66. 7 66. 7 1.00 **69.** 0 0.97 Private Pay Funded Residents 20. 0 23. 3 0.86 22.6 0.89 Developmentally Disabled Residents 0.0 0.00 7. 6 0.00 1.4 Mentally Ill Residents 16. 7 30.6 0.54 33. 3 0.50 General Medical Service Residents 23.3 19. 2 1.21 18. 4 1.27 48. 7 51.6 0.94 49. 4 0.99 Impaired ADL (Mean)* Psychological Problems 66. 7 52.8 1. 26 **50**. 1 1.33 Nursing Care Required (Mean)* 12.9 7. 2 7.8 1.66 1.81